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# The Canada Medical Record

Vol. XVII. MONTREAL, FEBRUARY, 1889. No. 5.

## CONTENTS.

**ORIGINAL COMMUNICATIONS.**

Gynecology and Obstetrics ..... 97

**CORRESPONDENCE.**

Our London Letter..... 101

**SOCIETY PROCEEDINGS.**

Medico-Chirurgical Society ..... 104

**PROGRESS OF SCIENCE.**

Preserve your Instruments..... 107
Eruption due to Antipyrine..... 107
Naphthalene Enemata in Dysentry.. 107
Tin Foil..... 107
Treatment of Infantile Eczema..... 107
Action of Antipyrine on the Teeth... 107
Strychnine in Narcotic Intoxications 107
Cannabin in Baredow's Disease..... 108
To Arrest Vomiting..... 108
Snuff for Hemicrania..... 108
Malarial Orchitis..... 108
Benzoated Chloroform..... 108
A New Disinfectant..... 108
Cascara Sagrada..... 108
Pilocarpine in Deafness..... 109
Salicylic Acid in Malignant Scarlatina ..... 109
Vlemingkx's Solution in Diphtheria. 109
Sulphonal in Insomnia..... 109
The Pathology of Pernicious Anæmia 110
Broncho-Pneumonia in Children..... 110
Climatic Influence on the Morals ... 110
Modern Cardiac Therapeutics ..... 111
Convalescence in Typhoid Fever..... 111
Sudden Heart Failure in Diphtheria. 112
Periscope..... 112
Narcolepsy..... 113
Surgery of the Brain..... 113
Class-Room Notes..... 115

**EDITORIALS.**

Furuncles of the Auditory Meatus... 116
Consultations..... 116
The Treatment of Skin Diseases .... 117
The Modern Treatment of Peritonitis 118
Notices of Books ..... 119
Personal..... 120

# Original Communications.

## GYNECOLOGY AND OBSTETRICS.

By A. Lapthorn Smith, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal.

A reaction seems to be setting in against the corset, and it is becoming generally admitted that the great increase in abdominal pressure which it causes is to be blamed for a great many of the diseases to which women are victims. Loenfield (*Polyclinic*), in an interesting article, lays great stress upon the injury which they do by interfering with respiration. It is clear that, if a woman is prevented from taking in sufficient oxygen for her needs, her blood must deteriorate. Poor blood means weak muscles and a flagging brain. It has been noticed, he says, that college women have largely given up the wearing of corsets. It is doubtless a custom that will become more and more widespread. It would seem strange that anyone should care to pour into herself intellectual food at the same time that she carefully shuts off the draft of her furnace and so prevents its utilization.

Marchand thinks they are a common cause of the formation of gall stones, from which women suffer more than men. Pressure exerted by this article of dress on the liver is transferred to the gall-bladder and its ducts. This pressure is not uniform : it is more constant by day, but decreases at night or is exerted only when the form of the thorax is already altered by pressure This pressure causes the retention of the bile in the gall-bladder. During the daytime the bladder tends to empty itself. In the intervals of digestion and during the night, it has a tendency to re-fill itself. If the daily evacuation of this organ is prevented or only imperfectly effected, there is a recurrence of stagnation of bile and a consequent disposition to the formation of gall stones.

I do not think that women are alone to blame for wearing tight corsets. They only try to meet a demand. If men admired women of natural shape more than thin waisted girls, the supply of the latter would soon cease to come on the market. So that we should educate our male acquaintances to understand the probable sickliness and costliness of corset-laced wives.

Gusserow (in the *Archiv. fur Gynakologie*, translated in *Med. Chronicle*) contributes an interesting paper containing a summary of 31 cases of laparotomy for pyosalpinx. In every case he obtained evidence of preceding or accompanying perimetric attacks, which he considers an essential condition for the production of the disease, by closing up the uterine opening of the oviduct. In many of the cases there

have been attacks of gonorrhœa. In other cases, it followed parturition and abortion. In one case, curetting of the uterus preceded the disease. When the tumor interferes with the circulation of the uterine vessels in their course through the broad ligament, menstruation is apt to be interfered with. The history is generally one of prolonged suffering. He explains the intermittant attacks of pelivc pain by the accidental discharge of minute quantities of pus from the oviduct into the peritoneal cavity. The differential diagnosis of pyosalpinx is not always easy. The situation of the tumor in intimate connection with the broad ligament is a reliable landmark. During the operation, Gusserow insists strongly on the raising of the uterus and the appendages through the vagina by an assistant to render the field of the operation more accessible to the fingers. He only removes the tube which is diseased with the corresponding ovary. But we think with the reviewer in the *Medical Chronicle*, that it would be better to remove them from both sides.

In reading reports of difficult cases of midwifery, especially by young practitioners, we notice very often that he ruptured the membranes. Now, if there is one thing more than another that the young practitioner should look upon as the best friend that he and the patient possesses, it is the bag of waters. It is Nature's exquisitely perfect instrument for carrying on dilatation of the os uteri and, not only of the os uteri but also of the external parts. This latter use of the bag of waters seems to be unrecognized, even by the older practitioners. I confess that it is only during the past few years that I have recognized how important a factor it may be in saving the perineum of the primipara. During my first few years, I ruptured the amniotic membrane before dilatation was complete, in the mistaken hope of saving my time and the patient's suffering, the result being a considerable crop of lacerated cervices and, at the same time, a delay of several hours in attaining the very object for which I was striving. With experience I began to leave the membranes alone until I was certain that the os was fully dilated. After a few years, I began to think that, if it was good for dilating the os, it might be equally useful for dilating the vulva. I now consider myself fortunate, in attending a case of midwifery, if I find the bag of waters intact, and I jealously preserve it until the head has begun to pass from under the pulvic arch. The fact that the early rupture of the amniotic membrane is a disadvantage, is known even to the laity, for many an old woman has gravely shaken her head when she informed me that it was "going to be a dry labor. It is true that, in many cases, especially among women in the highest state of civilization, the membranes seem to have degenerated so that they are now no longer able to stand the vis a tergo pressure of the uterine contractions, so that, among the upper classes, dry labors are more common than among the poor and hard working.

Another accident which seems to be unduly common, to judge from the reports above mentioned, is the retention of the placenta. This is an accident which has only occurred to me once or twice in over 300 cases, and, I may add, these cases occurred at the beginning of my practice when I had more faith in tractions on the cord and less in Nature's own method of expelling that organ. Retention of the placenta, post partum hemorrhage and hour-glass contractions, I believe to be largely due to the tearing off of the placenta at its centre before the uterus has had time to sheer it off, which is Nature's way. The irritation this causes, sets up contractions in the middle segment instead of in the fundal or placental segment, which it would, I believe, always do if left to Nature or, at the most, if Credes' method were employed. Now, I am particularly anxious to keep the placenta on the placental site until I am sure of there being sufficient uterine contraction present to guarantee the closure of

the uterine sinuses and, when those contractions do take place, I will most surely find the placenta in the vagina. Even after a miscarriage, provided I can control the hemorrhage, I would rather give the uterus time to squeeze the placenta out itself, guaranteeing the patient against septicæmia by frequent antiseptic irrigations with the Fritz-Bozeman return flow cavity.

I frequently make use of the sympathetic influences of the breasts over the womb, in order to obtain strong contractions of the latter organ, when I find myself in the presence of threatened hemorrhage without having any ergot at hand. By placing the child to the breast, even before it is washed, I obtain *instanter* such powerful contractions as to remove all danger of hemorrhage and to expel the placenta. I cannot understand the reason of some of our older practitioners who direct that the child is not to be put to the breast for one, two or three days. It seems to me that, by so doing, they are flying in the face of Providence. Apart from the safety which it secures to the woman against post partum hemorrhage, there is the great advantage to the child of giving it these small doses of colostrum, that beautiful laxative provided by Nature, which no chemist can imitate and which the child so greatly needs to clear out the meconium from its bowels. Latterly, I notice in some of the journals a recommendation not to wash the child at all for twenty-four hours, which, to me, seems a good one. To expose an infant to the temperature of the air for half an hour, more or less, on a winter day, while it is being washed, is running a great risk of pneumonia or bronchitis, which we need not be surprised to see supervene when we consider that it has been bathed in a liquid of a temperature of one hundred degrees for the nine months previous.

Gehrung, of St. Louis (in *American Journal of Obstetrics*), reports the most satisfactory results from the artificial suppression of the menses in the numerous cases where the woman has not only no blood to waste, but not even enough for her needs. His method consists in tamponing the vagina either before menstruation comes on or after it has lasted one or two days. The tampon is made of absorbent cotton, which is torn into little balls of the size of a pecan to that of a walnut, or torn lengthwise in two to four slips of twelve to twenty-four inches in length. These being squeezed dry from a solution of 1-100 to 2-100 alum and water are packed, the former in lumps, the latter in strips around and upon the cervix secundum artem, until the vagina is filled. Either a Sims' speculum or a bi- or tri-valve speculum may be used. He prefers a short bivalve speculum for ordinary cases, and for virgins a small trivalve, which he had expressly constructed for that class of cases, and which can be used without stretching the hymen. To make the tampon solid, he uses two pairs of uterine dressing forceps, the one to press the tampon in the opposite direction from where he intends to make the next application by the other. In this manner a very efficient tampon can be applied, without much inconvenience to the patient or the physician. When complete, the tampon can be fixed by the two points of an open pair of forceps, while the speculum is withdrawn. Of course, variations may be made in the kind of speculum used, the medication of the cotton, and manipulation in placing the tampon to suit the operator. The tampon is then left untouched for forty-eight hours, unless the bleeding should recur sooner, when it should immediately be applied fresh. This does not only lessen or stop the bleeding, but also the duration of menstruation: as a person habitually bleeding for eight or ten days may be entirely through in two or three days. Nothing should be introduced into the cervix or uterine cavity. During this treatment rest is desirable, though not absolutely necessary.

He has had two years' experience with this method, and is well satisfied with it. I

think it well worth a trial, and if it succeeds in all hands, it will prove one of the greatest boons ever conferred on the thousands of women whose life is month by month drained out of them. In the *Medical Times* of June, '88, Lowenthal, of Lausanne, records 23 cases of chlorosis successfully treated by artificial repression of the menses. This method consists of employing hot water injections at 49 Cent. (120 F.) with absolute rest in bed. No bad effects were noticed.

Both writers consider menstruation as we find it, 4 to 8 days, as an abnormal phenomenon due to civilization; savage women, they say, only lose a mere trace of blood in their monthly discharges.

Too often the value of a treatment is denied without the latter having a fair trial or even in some cases without being tried at all. Thus, in a discussion which lately took place at the Gynecological Society of London, several of the most decided speakers against Apostoli's method admitted that they had never tried it, while others had tried it, but had taken upon themselves to deviate in many ways from the precepts laid down by the inventor of the method. Case in point is one in which laparotomy for fibroid cystic tumor is reported by Dr. Charles C. Merz in the *Medical Age*, and by whom it was successfully removed. During the course of the report the following paragraph appears: "For several months electricity was used, the negative pole in the uterus, the positive on the abdomen, no accurate record was made of the strength of current used in these treatments, but a current of from four to eighteen cells of a McIntosh battery was used. These applications were made every four to six days, but were followed by no appreciable result." Anyone reading this paragraph would put it down as a case in which Apostoli's method had been tried and failed. But such is not the case. Apostoli's method consists of certain accurately measured doses: but from 4 to 18 McIntosh cells may mean all the way from little, to no electricity at all, passing through the tumor between the poles. It is worse than useless, for it discredits the method, to attempt to treat fibroids by Apostoli's method, without being supplied with Apostoli's tools.

Dr. Thallon (in *Brooklyn Medical Journal*) reports a case of vicarious menstruation from hæmorrhoids in a young lady aged nineteen. He believed this to be due to the displacement of the womb, which was flexed and fixed in the hollow of the sacrum. There was obstinate constipation which the patient encouraged in order to escape the excessive pain and hemorrhage which attended an evacuation. She had pain in the back and rectum, and presented a degree of wretchedness pitiable to behold. She was treated for four months with forced feeding, peptonized milk, etc., and very small doses of bichloride of mercury and arsenic, and the hot rectal douche. A surgical operation for hæmorrhoids was attempted under cocaine, but abandoned. A couple of weeks later it was performed successfully under ether. The mass being completely tied off in segments up to healthy mucous membrane, eighteen stout silk and numerous catgut ligatures being applied. The uterine trouble was treated by systematic tamponing in the knee-chest position. A tight band between the cervix and anterior vaginal wall was divided under cocaine, the cervix being pulled backward so as to put it on the stretch, and the two ends of the incision were then approximated by deep catgut sutures. A retroversion pessary was inserted, and three months later the patient was etherized, the uterus was forcibly lifted from the retroverted and retroflexed into the normal position. The adhesion of the fundus to the rectal wall was ruptured. As the sound encountered some resistance at the internal os and detected some roughness at the fundus, he introduced a Nott's divulsor, and after moderately stretching the internal os, he curetted, removing three or four polypoid growths. At the end of one week she was convalescent.

I have come to consider hæmorrhoids in most cases as synonymous with gross neglect to keep the bowels regular every day. It is simply astounding to see how ignorant women are of the importance of avoiding constipation. That is the first question I ask every woman who comes to my office, and I insist upon a truthful answer. Over and over again they have told me that their bowels were *regular*, but on being pressed closely they admitted that they were regular once a fortnight. Think of undertaking to reduce passive congestion of the uterus, while a fourteen day old fecal brick is blocking the venous circulation. In seven cases out of ten when we cure the constipation we shall have removed the pelvic pain which brings the woman to us.

## Correspondence.

### OUR LONDON LETTER.

*(From our own Correspondent.)*

Dear Editors,—

Believing that a little of every day medical life in London might be of interest to your readers, I shall attempt to write you every month while I am here something of what is going on around me.

The Morrell-Mackenzie affair is, of course, a subject of the greatest interest at the present time. The general feeling among the profession it that it was to be regretted that Sir Morrell published his book: but a great many think that, in doing so, he acted in good faith and while smarting under the attacks of his German rivals. Now that the British Medical Association has apologized to Von Berghmann for having allowed the appearance of the Crown Prince's script in the columns of the *Journal*, and having censured the editor for having inserted it. it is to be hoped that the matter will drop. The editor of the Journal, by the way, calls the council of the Association to task for censuring him while he is really their representative, or one of themselves. There is no doubt that a great deal of the adverse feeling towards Sir Morrell was due to professional jealousy. Certain, it is, that he enjoys perhaps the largest income of any medical man in Great Britain; and it is equally certain that his practice has not only not fallen off but very largely increased since he has been censured by the authorities.

The other day, while some workmen were repairing the palace at Holyrood, they found, hidden in the wall of the room formerly occupied by Mary Queen of Scots, the body of an infant wrapped in embroidered clothes, on which the initial, "J," was still visible. History reports that it was in this very room that the infant was born who afterwards became James I, and who promptly disappeared. No inquest was held and the little remains were replaced in their hiding-place.

It appears that Dr. Murrell received a a prize of twenty-five thousand francs from the French Academy of Medicine for having discovered the therapeutical value of nitroglycerine in the relief of angina pectoris. Somehow or other it has been going round the press that it was Dr. Richardson who was the happy discoverer.

A doctor in Liverpool has recently written to the press complaining that a prescription which he gave to a patient was being used by that patient to cure a great number of his friends. He told the man, who was a carpenter. that it was just as unfair to lend his prescription as it would be for the doctor to borrow the joiner's tools and lend them to his friends. He suggested that the proper way for the patient to do was to send these sick people to him. The moral he deduces is, that docters should not give prescriptions to patients. If the doctor does not dispense, he should send the patient with the prescription. under cover, to a chemist, who should have instructions not to deliver a copy of it to the patient unless specially ordered to do so.

The Metropolitan Hospital, Kingsland Road, has lately started a paying department, which, it appears, is wrecking the practice of medical men in the neighborhood of the Hospital. They have, therefore, in a protest to the subscribers of the institution, stated that the Hospital is no longer doing the work it was meant to do, namely, to relieve the medical wants of the poor: its rules being so framed that those who cannot pay after the first attendance are turned away from its doors; that the original funds of the Hospital were subscribed to benefit the poor and not the better class, who have hitherto been able to pay their ordinary medical attendant; and that the plan will have a tendency to lower the appreciation of the public of services rendered to them by the profession.

The authorities of the General Medical Council are taking active measures to put an end to what is known as "covering;" which consists in unqualified assistants carrying on nominal branch practices, but really on their own hook, on the strength of the qualification of the doctor who "covers" them. Several offenders of this kind have had their qualifications taken from them and their names have been removed from the register. Could not your Provincial College of Physicians and Surgeons take some such steps for the clearing out of quacks who annually visit Canadian cities and carry off many thousands of dollars from the ignorant classes who flock to them and who afterwards call upon their regular practitioners to attend them for nothing.

A Dr. Kennedy has been hauled over the coals for turning out a dead woman from his office, not even allowing her to remain in his surgery while a cab was being called, so that a policeman assisted by a woman, had to remove her in a chair. The doctor, in defence, said that his patients were coming in and that he could not have them excited by having a dead woman in the Surgery.

It having been stated in one of the newspapers that the Hon. John Bright was progressing favorably under the skilful medication of his homeopathic attendant, one of the medical journals asserts that his disease is diabetes, and, therefore, one in which infinitesimal doses, or no doses at all, would be equally effectual, but that his progress is rather due to the careful dieting he is undergoing.

A writer in one of the journals calls attention to the fact that hemorrhoids are limited to animals which are habitually in the erect position, and that it is unknown in quadrupeds. This is quite true, for the pressure of a vertical column of blood three feet in height certainly amounts to a good deal, for, if it were only water, we know that the pressure would be one pound and a half to the square inch for every three feet in height.

Commenting on Sir William Jenner's resigning from the British Medical Association, a correspondent of the *Pall Mall Gazette* writes that he has passed his life in resigning; that he threatened to resign from the University of London when women were admitted to degrees: that he threatened to resign his presidency of the Medical Congress when a similar proposition was made: he resigned from the Samaritan Hospital and the Children's Hospital; and it is said that he threatened to resign from the Medical Association twice before.

It would seem that medical men here, as as a rule, die poorer than they do with you. The *Lancet* has just decided to put by annually fifteen hundred dollars, to be devoted to assisting medical men in pecuniary straits, or their widows and orphans. Besides that, there are several societies; among others, one which asks for contributions of cast-off clothing or anything else for the destitute families of medical men, and every now and then a medical man is brought up at the police court for begging or stealing. This would seem to indicate, either that a class of men is admitted to the profession which should never be

allowed to enter it, or that more men are allowed to enter the profession than can obtain an honorable living in it.

An interesting item concerning the remuneration of professors in the medical faculty of Edinburgh has just appeared, stating that some of them receive as much as three thousand five hundred pounds a year in fees, equal to seventeen thousand five hundred dollars. This would indeed seem large to some of your professors in Bishop's College or even in McGill.

The Council of the Royal College of Surgeons has been gradually taking more and more power upon itself, until at last it has forgotten that it is the servant of the College, that is, of the members and fellows; so that recently they have passed an order that the members and fellows are no longer to be allowed to hold their annual meeting, which has caused the latter to grumble a good deal, as formerly they looked forward to this annual meeting to give vent to their grievances, although their murmurs never seemed to have much effect upon the Council.

A recent report upon the death rate in Edinburgh, which has lately been as low as fourteen per thousand, a difference of eight or ten per thousand in that of those living in crowded houses with rents of five pounds per year, and those living in houses with a rent of twenty pounds a year and over.

Owing to the unsettled state of affairs in Ireland, the incomes of medical men there have diminished by at least thirty per cent., and in some cases altogether. The landed gentry, who used to be the best patients of the doctors, no longer having any money to pay them, while those into whose hands the land has now passed have never been in the habit of paying the doctors anything.

A very interesting discussion took place at the Medico-Chirurgical Society, at its last meeting, on the origin of Chorea. The general conclusions arrived at were as follows:

1. That a large number of choreic patients are liable to rheumatism. 2. That choreic patients are nearly always of a delicate constitution. 3. That chorea is sometimes caused by emotion, which may take the form of over-work, worry, or fright. 4. That chorea may cause permanent heart disease, but that it also gives rise to forms of heart disease which are not lasting. Females are distinctly more liable than males to chorea, just as they are to rheumatism, and the liability increases after the age of puberty to a very marked extent. It was urged that chorea was not, properly speaking, a disease, but only the manifestations of a disease, as to the nature of which we know nothing. The observation, however, would apply with even greater propriety to rheumatism, and would, *à la rigueur*, apply to most so-called diseases which are known to us, after all, only by associated symptoms.

The intelligent commanding officer of the First Royal Irish Rifles, Col. Burnett, has taken a step which will prove a boon to his regiment and which, it would seem, is greatly to be desired, should be adopted throughout the army. It is a notorious fact that a great deal too much bread is issued to the British soldier, while his allowance of groceries is far too short, requiring, in fact, the expenditure of between three pence and nine pence a day in order to make the rations equal to those of the average laborer. The Colonel also discovered that the bones of the meat were thrown away. He, therefore, ordered that these bones should be converted into excellent soup and that the money saved on the bread should be expended in the purchase of herrings, jam, butter, marmalade, cheese and bacon for the mens' breakfast. Heretofore the last meal the soldier gets has been at four o'clock in the afternoon, consisting of tea and bread. But the Colonel, by using the bones, is enabled to give them a supper of either Irish stew and coffee or a large bowl of nutritious soup. It is attention to such things as these that would make the soldier's lot a happier one.

A discussion has lately been going on as to the cause of baldness, which is more common among men than among women, and the following are some of the points

brought out. It is not due in the majority of cases to excessive mental activity, but, rather, to dissipation, syphilis, wearing heavy hats with tight hat-bands and without ventilation, and indulgence in various forms of dissipation. Want of out-door exercise is another cause. It is thought that if it were attended to early, it might be. in many cases, prevented.

Mr. Lawson Tait, with two other practitioners of Birmingham, have lately taken over one of the leading medical journals of that city, which will, no doubt, make a creditable appearance under such able management

Trusting that your readers will excuse the desultory nature of my remarks, and hoping to do better next time,

I remain,

Yours sincerely,

TYRO.

## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, November 16, 1888.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

*Exophthalmic Goitre.*—Dr. Armstrong presented a young woman, aged 24, suffering from Basedow's disease, and said: In the spring of 1888 I treated her for chronic pharyngitis and rhinitis. In July she went to the country for a few weeks. On returning from the country she first came to my office on the 27th of September. I at once noticed the prominence of the eyeballs, found the pulse beating at the rate of 136 per minute, and distinct, though moderate, enlargement of both lobes of the thyroid gland, especially the right lobe. On examining the heart a systolic blowing murmur was heard at the base, also hæmic murmur over the great vessels of the neck. Any exertion, such as climbing stairs, caused very great dyspnœa. She has not menstruated since 1st June last; is not pregnant, at least there is no evidence of pregnancy, although patient was married in July. The eyelids follow the movements of the eyeball. I am giving her iron and quinine with belladonna for her anæmic state and applying the constant current over the sympathetic nerves in the neck twice a week. The pulse is now reduced to 96 per minute. How much of the improvement is due to the galvanism of the sympathetic and how much to the medicinal treatment I am not prepared to say. Last summer I was able to reduce the rate of the heart beat in a marked case of exophthalmic goitre from 140 to 88, and there was at the same time a wonderful improvement in the patient's general condition. When treatment began she could hardly walk a block without resting, while in the autumn she could walk a couple of miles at a very fair rate without over much fatigue. It is only just to add, however, that I have quite recently heard indirectly that this patient has relapsed again, and is nearly, if not quite, as bad as ever. The case was an aggravated one, and of long standing, before the treatment was begun.

Dr. Lapthorn Smith had seen as many as five cases of goitre. He now treats all such cases with the continuous current of 20 milliampères, and finds that the cases are markedly improved, though they are not completely cured.

Dr. Major asked if nasal symptoms preceded the exophthalmos. He found, as a rule, that exophthalmic goitre was preceded by not only nasal symptoms but also severe palpitation of the heart and marked general debility. Sometimes, however, its onset is quite sudden. It seems to be very prevalent among the Jews in Germany.

Dr. Trenholme referred to case seen by him in consultation with Dr. Ross, where the exophthalmos was very marked in a woman 50 years of age. His treatment usually consisted in improving the general health by tonics and change of life, etc., and the administration of phosphate of potash.

*Hypertrophic Cirrhosis of the Liver.*—Dr. Lafleur exhibited the liver and stomach from a case of hypertrophic cirrhosis. The liver, which weighed 8 lbs. 10 ozs., was of a bright yellow color, and very firm and elastic. The capsule was thickened, and there were a few recent adhesions between its upper surface and the diaphragm. The anterior border was thick and rounded. On section, the organ was seen to be universally bile-stained; the bile ducts appeared to be enlarged, and from them there exuded a light yellow bile. The cut surface was marked by little elevations which were the individual lobules raised above the general surface and surrounded by depressed bands of fibrous tissue. Under the microscope these bands were found to be composed of enucleated fibrous tissue, from which finer strands passed into the lobule around each of its cells, constituting the variety known as "unicellular cirrhosis." Many of the hepatic cells were completely atrophied, while others showed marked fatty degeneration. There was no evidence of any increase in the number of bile capillaries. The gall-bladder was empty and the bile-ducts pa-

tent. The contents of the large intestine were clay-colored, those of the small intestine of a light yellow color. The mucous membrane of the stomach, which was very thick, was thrown into deep folds, had a soft, velvety appearance, and was covered with an excess of mucus. In the kidneys, which were bile-stained and dark in color, the glomeruli and tubular epithelium were found to be swollen and œdematous. All the tissues of the body were bile-stained, the skin and mucous membranes intensely so.

Dr. Ross, under whom the patient was admitted to the hospital, stated that the history was typical of the disease. The woman, aged about 35, was a drunkard, and had suffered for years from alcoholic dyspepsia and bleeding hemorrhoids. The jaundice developed very rapidly—in a few weeks. When admitted to hospital she had decided jaundice, which rapidly deepened, was febrile, and under considerable nervous excitement, ascites was marked, the veins on the abdominal walls were enlarged, and the liver could be felt to be greatly enlarged.

*Actinomycosis in a Bull.*—Dr. Lafleur exhibited the brain and skull of a bull in a case of actinomycosis. The animal was a two-year-old bull, and had been suffering for a few days from some obscure nervous derangement. He was reported to have been very irritable, and had behaved strangely in a herd of cattle. Two or three days before his death he was noticed to be unsteady on his legs and walked with difficulty. As he was becoming quite unmanageable and useless, he was killed. A diagnosis of some form of cerebral tumor or abscess was made. On examination, the upper surface of the cerebral hemispheres was found crushed and covered with clot, the result of the method adopted for killing the animal; otherwise this part of the brain was normal. On examining the cerebellum, the left lobe was found to be enlarged, very firm, covered with knob-like projections, and firmly adherent to the occipital and temporal bones. The right lobe was encroached upon and flattened. A portion of the occipital bone with the left condyle was removed with the brain. The new growth in the cerebellum was found to be firm and elastic. The cut surface showed more or less dense fibrous tissue studded with minute bright yellow specks, which were most abundant near the surface of the tumor. The knob-like projections contained a large number of these yellow points. There was no ulceration visible. The ethmoid and sphenoid bones and the temporal bone of the left side were invaded by the new growth, the sinuses being filled with, and the cancellated tissue replaced by, a soft, spongy, gelatinous substance dotted over with the above-mentioned yellow points. In the temporal bone one of the deposits had softened into thick creamy pus. The external auditory meatus was lined with the same gelatinous material. On dividing the skull longitudinally in the median line, a red, strawberry-like nodule, studded with small yellowish grains, was found occupying the orifice of the Eustachian tube at the most remote part of the pharynx. This was found to be continuous with the deceased growths in the ear and in the bones of the skull. No disease was found in the upper and lower maxillary bones. On microscopic examination, the small yellow granules both in the cerebellar growth and in that of the bones were found to consist of more or less regular star-shaped groups of the actinomyces fungus. In the cerebellum there was a large amount of recent small-celled inflammatory granulation tissue about these groups of fungi.

*Epithelioma of the Uterus.*—Dr. Lafleur showed a uterus removed by Dr. Wm. Gardner for malignant disease of the cervix. The growth was limited to the vaginal portion of the cervix, which presented a small fungating mass of granulations showing epithelial infiltration.

Dr. Gardner said this case was of particular interest, as maligant disease of the cervix was rare in a patient so young. She was but 24 years of age had been married five years, and was twice pregnant to full term. She had suffered from hemorrhages and other uterine symptoms since last May. He first scraped away the diseased portion and then cauterized. The growth presented the characteristic fungoid appearance, and was easily removed by the curette. After ascertaining the nature of the disease he decided on removal of the uterus, and, of course, the appendages also. The uterus was extirpated by the vaginal method, and the ovaries were found to be decidedly enlarged. This is the ninth day since the operation, and the patient's recovery so far has been rapid and uneventful. The chief interest of the case was the early age of the patient

*Suppurating Appendicitis with Pyæmia and Stricture.*—Dr. Lafleur exhibited for Dr. Bell the organs from a case of stricture of the urethra complicated by suppurative appendicitis and pyæmia. The stricture was single, annular, and symmetrical, situated in the bulbous portion of the urethra. There were marks of old false passages around it, and a more recent one on the right side of the urethra which showed slight inflammatory reaction. The muscular wall of the bladder was hypertrophied and the mucous membrane thickened and pigmented. The abdomen contained fifty ounces of turbid yellowish fluid containing flakes of lymph, and there was lymph deposited both on the parietal and on the visceral peritoneum. The peritoneal inflammation was most intense about the liver, which was its starting point. The liver itself was honeycombed with abscess cavities of various sizes, formed by fusion of numerous suppurating foci, filled with thick, offensive, greenish-yellow pus. The infection had spread to both pleural

cavities, producing on the right side a sero-purulent pleuritis, and on the left a localized adhesion to the pericardium, which in its turn had become inflamed, a complete recent plastic pericarditis resulting. The appendix was situated beneath the cæcum, and at first appeared normal, but on dissecting it out there was evidence of inflammatory thickening about it, and when slit open it was found to be filled with pus and its mucous membrane ulcerated and deeply pigmented. No foreign body could be detected in its lumen. The infection had been carried to the liver through some small radicle of the portal vein involved in the suppuration about the appendix.

Dr. Roddick asked why Dr. Lafleur regarded the appendix as the centre of origin for the pyæmia. If the origin of the pyæmia was in the prostate, an early perineal section might have been of great service.

Dr. Geo. Ross said the case was of medical interest, as cases of pyæmia of uncertain origin are not rare. He was sorry the history of the case was so unsatisfactory, but from the results of the post-mortem he did not think the source of the pyæmia to be in the urinary tract. In life the evidence of peritonitis were not at all marked.

*Suppurating Cystic Ovary.*—Dr. Trenholme exhibited an ovarian tumor removed from a child 14 years of age, which weighed 14 to 15 lbs. It grew very rapidly, not three months since it was first noticed. The operation was of unusual difficulty owing to numerous and dense adhesions. Although there was a rise of temperature after the operation (100°–103°) the patient was now rapidly recovering.

*Fibroid Tumor of the Thyroid.*—Dr. Armstrong presented the enlarged right lobe of a thyroid gland which he had removed ten days previously from the neck of a little boy 3½ years old. The mother stated that that side of his neck was large at birth. It had grown slowly until six weeks before it was removed, when the increase in size became suddenly quite rapid, and reached the size of a large orange. Breathing during rest was not interfered with but became difficult on active exertion. The growth was slowly shelled out, each vessel being tied twice before dividing. There was scarcely any hemorrhage at all. Recovery perfect and without an unfavorable symptom. The stitches were removed on the seventh day, and union was complete.

Dr. Lafleur prepared and examined a section, and found the growth to be of the nature of a hypertrophy.

Dr. Shepherd said he had removed a similar tumor from a child. The growth was connected to the gland by a small isthmus. It seemed like a supernumerary thyroid.

*Sarcoma of the Nares.*—Dr. Major exhibited a specimen from a case of spindle-celled sarcoma of the nose. The tumor occurred on the left side and showed externally. It was attached by a pedicle and was removed by a cold wire snare. The point of origin was destroyed by the galvanocautery. The intention was to punch out the seat of origin, but as all trace of the site was lost, it was deemed best to defer doing so, awaiting recurrence. Meantime the case is under observation. The growth developed very rapidly and attained the size of a small pigeon's egg in six weeks. Dr. Lafleur made the microscopic examination of the specimen. The patient was referred to Dr. Major by Dr. Phelan of Napanee, Ont.

*Some Cases of Retropharyngeal Abscess in Children.*—Dr. A. D. Blackader read a paper on this subject.

*Discussion.*—Dr. Hingston did not think these cases were rare. He had met with a great many in his practice. He always opened by means of a concealed bistoury. He did not think an anæsthetic was necessary or advisable, as where you can introduce your finger you can use an instrument, and there is less danger of the contents of the abscess finding its way into the trachea when no anæsthetic is given. He could not regard the practice of pressing out the pus from an abscess cavity as good surgery.

Dr. Major had met with three or four cases. He opened the cavity by a vertical incision, and the wound usually healed up in four or five days. In none of his cases were the children robust. The affection seems peculiar to children of a strumous diathesis.

Dr. Roddick referred to a case of a child three months old in the hospital in which the most alarming symptoms were present. Very difficult breathing and signs of pressure on the vessels of the neck. All these symptoms were immediately relieved by opening the abscess. The pus was reached by a director, the opening enlarged, and a drainage-tube introduced. The commonest cause in adults is necrosis of the cervical vertebræ. Death has resulted from opening these abscesses without providing support for the necrosed vertebra owing to pressure on the spinal cord. If the abscess point in the neck, it is always safer and easier to open at the side.

Dr. Shepherd said the treatment and prognosis of these abscesses depend on whether they are localized or diffuse. According to his experience, most of these abscesses can be opened from the side of the neck.

Dr. Ross said a recent case of his illustrated the difficulty of diagnosis referred to by the reader of the paper. The child was able to swallow, but had a number of convulsions, and was evidently in considerable pain, but no cause could be made out. He examined the throat at his first visit, but was not able to do so thoroughly, and overlooked the abscess. After the abscess burst, the convulsions and other symptoms ceased. He could recall another case

where there was a strumous family history, and where the child subsequently died from hydrocephalus.

Dr. Trenholme had opened these abscesses by incision behind the mastoid muscle.

Dr. Blackader, in reply, stated that as he always opens these abscess cavities high up to prevent entrance of fluids, he found it advantageous to use pressure to evacuate the pus. To prevent the serious accident of allowing pus to enter the trachea he usually operated with the patient prone on a table with the head over the side.

## Progress of Science.

### PRESERVE YOUR INSTRUMENTS.

To preserve your instruments from rusting, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years, not even when exposed to a damp atmosphere.—*Columbus Medical Journal.*

### ERUPTION DUE TO ANTIPYRINE.

Tisué reports a case in which erythema was so extensive that a trained nurse persuaded the family that it was scarlatina. As already noted by Roulin, this patient also complained of an intolerable, general heat of the body, as well as showed an elevation of temperature immediately after taking the drug.—*Journal de Medecine.*

### NAPHTHALENE ENEMATA IN DYSENTERY.

Guitergoff (*New York Med. Abstract*) has had most excellent results with gr. vij to gr. viij of naphthalene to f℥j of water for a single enema. He finds this quickly relieves the tenesmus and anal burning. Rest and sleep follow, and, in some cases, a cure results without any repetition of the enema. In other cases two or three enemata are required, at intervals of a few hours.

### TIN FOIL.

Chocolates, confectionery, dried fruits, cheeses, and other alimentary products are very often wrapped in what appears to be, and is described as, tin foil, but is really an alloy containing lead. This dangerous practice is now prohibited in France, and the tin foil destined for this use must, under penalty, be composed of "fine tin," that is, an alloy containing at least ninety-seven per cent. of tin. Here is a subject which may be worth the investigation of public analysts.—*British Medical Journal*, December 8, 1888.

### TREATMENT OF INFANTILE ECZEMA.

In the obstinate cases of eczema that occur in children during the second half of the first year, and affect particularly the face and extensor aspects of the extremities, Boeck recommends compresses of a weak solution of nitrate of silver (1 to 500), alternating with an ointment. The compresses are applied covered with gutta-percha paper for two or three hours night and morning, and a soothing ointment during the rest of the day and at night. The unguentum vaselini plumbicum suits very well.—*Vierteljahresschrift für Dermatologie und Syphilis*, June, 1888.

### ACTION OF ANTIPYRINE ON THE TEETH.

Among the inconveniences ascribed to the use of antipyrine, Dr. Galippe has brought to notice that in several cases in which the drug was administered internally the teeth were blackened by it. Dr. Galippe, who devotes himself to dentistry, could offer no scientific explanation of the manner in which antipyrine acts on the teeth; he, however, found that the teeth blacken the more readily when they have lost their enamel. But this inconvenience is only transitory, and may be removed by simply rubbing the teeth with oxygenated water.—*London Lancet.*

### STRYCHNINE IN NARCOTIC INTOXICATIONS.

In a brief but valuable article in the *Practitioner* for December, Dr. G. A. Gibson calls attention to the very great value of hypodermic injections of sulphate of strychnine in narcotic intoxications. The dose is from one one-hundredth to one-fiftieth of a grain, and the immediate effects are a marked increase in frequency and regularity of breathing. In some instances cited by the author, of chloroform narcosis where breathing had been entirely suspended, it recommenced immediately after the injection.—*The Saint Louis Med. and Surg. Jour.*

### CANNABIN IN BASEDOW'S DISEASE.

Valeiri, after using cannabin in three cases of exophthalmic goitre, recommends the following formulæ:

R. Cannabin.....gr. iv ss
Sugar of milk, q. s.
Make 5 pills.
S.—To be taken in 24 hours.

Cannabin ..... ..... gr. iv ss
Distilled water..... ℥ iij
Syrup of orange flowers ... ℥ j ♏

S.—Take in teaspoonful doses in 24 hours.

Or, we may prescribe a decoction of 2 or 4-100 parts, or doses of ♏ 15 or 30 of the tincture.—*Wiener Med. Presse*, No. 41, 1888.

## TO ARREST VOMITING.

Vomiting is one of those symptoms for which no apparent cause can be found, at times. Then it is that various remedies are tried, and this may partially account for the long list of never failing ones which we have, and which are often tried and found wanting. One that is sometimes successful is Randolph's mixture, composed as follows:

℞ Creasoti.....gtt. xx
Acid Acetic.....gtt. xl
Morphiæ Sulphatis.....gr. ij.
Aquæ.....℥ ij

M. Sig.: A teaspoonful every half hour for two or three doses.—*The Saint Louis Med. and Surg. Jour.*

## SNUFF FOR HEMICRANIA.

Ch. Liégeois recommends the following snuff for hemicrania (*Lyon Médical*):

℞ Quiniæ Sulphatis.....gr. xxv.
Sodæ salicylat. cryst .....gr. xxv.
Morphiæ muriat.....gr. ¼

M. ft. pulvis. Sig.: Use as a snuff.

At the beginning of an attack of hemicrania, accompanied by pallor, a small pinch is to be snuffed every half hour until four are taken. The above should make about eight pinches. After the last pinch is taken, a granule of aconitine (crystallized) of gr. $_{2}\frac{1}{4}{}_{0}$ should be taken. In an hour or two, after the inception of this treatment, the paroxysm will have disappeared.—*The Saint Louis Med. and Surg. Jour.*

## MALARIAL ORCHITIS.

Charvot (*Lancet*) has recently described a severe and very painful form of acute orchitis occasionally met with in subjects saturated with malaria, and probably due to the direct action of the malarial germ on the testicle. The orchitis appears during an attack of malarial fever and often at night. In a few hours the testicle is greatly swollen and painful, but the disease does not reach its height for two or three days; it then somewhat slowly subsides. Both the body of the testicle and the epididymis are inflamed and effusion into the tunica vaginalis occurs. Under full doses of quinine pain and inflammatory œdema quickly subside, but the absorption of the exudate is slow and is followed by more or less atrophy of the secreting substance of the gland.—*Polyclinic.*

## BENZOATED CHLOROFORM.

Dr. B. W. Richardson recommends the use of benzoated chloroform as an antiseptic of considerable service in the treatment of fœtid wounds. It is made by dissolving three drachms of pure benzoic acid in twelve ounces of chloroform, and filtering if necessary. In a case of fœtid ulcer of the lower extremities, after the bandage has been applied, he prescribes a fluid drachm of the solution poured over or near the ulcer, the deodorizing effect being of the best character. He states that the solution is also the most effective that he knows of for removing the fœtor in troublesome cases of fœtid exhalations from the feet. Used like eau de Cologne, he finds it advantageous to rub over the hands at a post-mortem examination, and for similar purposes where a disinfectant is required—*Asclepiad*, Vol. v, No. 19.

## A NEW DISINFECTANT.

It is stated that a new and powerful disinfectant has lately been discovered by a Parisian chemist, and if what he claims for it be true, it will be adopted for very many purposes for which disinfectants are generally used. The basis of the preparation has been obtained from coal-oil, and is a brown liquid of a not disagreeable odor. It is said to be the result of a peculiar saponification of the oil by a chemical process with a mixture of caustic soda. The value of the disinfectant was accidently discovered by the discoverer, who, desiring to save a pet tree around which a lot of fungous moss had grown, sprinkled some of the mixture around the roots. By repeated use the excresence was shortly afterward noticed to separate from the tree and fall to to the ground. Horses were also sponged with a weak solution of the mixture and it was noticed that flies that generally pester the animals gave them a wide berth.—*Jour. Am. Med. Ass.*, Dec. 1888.

## CASCARA SAGRADA.

Referring to the unsightly mixture produced when water is added to the official liquid extract of cascara sagrada, Dr. Irving says that this may be entirely obviated by the addition of a very small quantity of ammonia solution, which clears it to a bright ruby color seen by transmitted light, the transparency of which is not affected by the addition of a flavoring agent such as tincture of orange or by saccharin (*Brit. Med. Jour.*, Sept. 22, p. 691). It can then be dispensed clear with iron preparations, such as citrate of iron and ammonium, a combination which Dr. Irving says he has found serviceable, with or without small doses of digitalis, where the heart is enfeebled and constipation exists. Mr. Martin also reports (*Lancet*, Sept. 1, p. 420) that he has succeeded in subduing the pain of rheumatism after sodium salicylate had failed, by administering cascara sagrada in combination with that salt, the proportions being 15 grains of the salicylate with 10 minims of the liquid extract in orange flower water every three or four hours.—*Phar. Jour. & Trans.*

## PILOCARPINE IN DEAFNESS.

M. Bœke stated at the recent Otological Congress at Brussels, that he had used pilocarpine in 14 non-selected cases of deafness. The causes of deafness were cerebro-spinal meningitis in 5 cases, a fall on the head in four cases, various pathological lesions of the middle ear in 2 cases, drugs (sulphate of quinine, salicylic acid) in 2 cases, and an affection of the tympanum in 1 case. Of the 14 cases 7 were of several years' duration, and 7 of from 3 weeks to 6 months. The quantity of pilocarpine given in each case was from 65 to 560 millig. The duration of the treatment was from 2 to 6 weeks. Some amelioration was obtained in 3 cases, in one of which the deafness was due to cerebro-spinal meningitis. Bœke concludes that the results of the pilocarpine treatment are discouraging. Rohrer has used pilocarpine with good results in deafness due to labyrinthine lesions, the hearing increasing from 2 cm. to 2 or 3 metres. He gives 5 millig. internally, three times a day.

## SALICYLIC ACID IN MALIGNANT SCARLATINA.

Dr. A. Shakhovsky emphatically recommends (*Novosti Terapii*, No. 6, 1888, p. 208) the salicylic treatment of scarlet fever, the recommendation being supported by 125 malignant cases of the disease, with only three deaths. He always employs the following formula: ℞ Acid; salicylic; gr. xv.; aq, distill. fervid., ʒij; syrup. aurantior, ℥j.; M.S. From a teaspoonful to a tablespoonful every hour during the day time, and every two hours by nights. The solution of the acid is said to be perfect, as well as palatable. In about two or three days the patient's temperature falls from 41° C. down to 38.5° or 38° C., reaching 36.5° C. about the tenth day of the treatment. To prevent any relapse (of fever and all) the mixture must be administered every two hours for two or three days after the defervescence. Dr. Shakhovsky assures that salicylic acid, when administered after his plan, successfully prevents all complications (such as uræmia, dropsy, diphtheroid anginas, lymphadenitis, etc.), and even rapidly removes them when they are present. The salicylic treatment fails, according to his experience, (1) when it is resorted to too late (later than a fourth day of the disease of a malignant form), and (2) when there are simultaneously present certain severe chronic diseases or serious congenital defects.—*Provincial Medical Journal*, October 1, 1888.

## VLEMINGKX'S SOLUTION IN DIPHTHERIA.

Vlemingkx's solution has long been known in the treatment of diseases of the skin as a very active agent in certain cases. Dr. George E. Hubbard states in the *Medical Record* that he uses the clear solution undiluted by means of a spray, in cases of diphtheria, every half hour until the disease is under control and then at longer intervals. He states that "under the use of this solution in spray, even sparingly applied, the diphtheritic patches undergo a change in a few hours. The temperature soon subsides, and a general improvement in the condition takes place almost from the first application. In some cases the patches disappear entirely in a day. If the false membrane has developed rapidly before the physician has seen the patient, under the influence of the spray it will be effectual even then in arresting systemic poisoning, and sooner or later the tough membrane will detach itself. Do not by any means allow the patient to swallow any portion of the false membrane."

We append the formula for the preparation of this solution. It is as follows.

℞ Calcis..... ..... .....ʒss
Sulfuris sublimati..... .....ʒj
Aquæ..... .....ʒx
M. Coque ad ʒvj et filtra.

The boiling of this must be carefully done over a water bath in a graduated vessel. The filtration must also be closely watched, and the filtrate should be perfectly clear.—*St. Louis Med. and Surg. Jour.*

## SULPHONAL IN INSOMNIA.

By E. B. Doolittle, M. D., Jeanesville, Pa.

Having noticed the very favorable results alleged by our German colleagues with this new hypnotic, I procured a sample for trial, and have thus far given it in about thirty cases of insomnia, some simple, others accompanying acute and chronic diseases. The results were uniformly good. The dose given, with one exception, was half a drachm.

In every case but one sleep followed in about an hour, lasting from four to eight hours. In one case it had no perceptible effect, but a dose of forty five grains afterward produced sleep of nearly six hours, and was followed by considerable languor, mental hebetude, and loss of appetite for twelve hours or more; in no other case were there any unpleasant after-effects noticed. Several of the patients had previously been taking chloral, and expressed themselves as having a more quiet and longer sleep after the sulphonal. In a few cases which had been quite obstinate, a few doses seemed to establish the normal habit, and so far no return of the insomnia has occurred.

A dose of half a drachm taken by myself produced in about an hour heaviness of the eyes, and slight vertigo on walking, followed by a quiet sleep of eight hours. The only after-effect

noticed was slight drowsiness, which disappeared in two or three hours.

Although these few cases are insufficient to be of much avail, I give them in the hope that thereby others who have suitable opportunities may give the drug a more extended trial. So far as these few cases go, they accord with previous reports, and seem to indicate that we may find in sulphonal a valuable addition to our hypnotics, and an aid in the treatment of an affection sometimes very troublesome.—*New York Med. Jour.*, Dec. 22, 1888.

## THE PATHOLOGY OF PERNICIOUS ANÆMIA.

*Ed. Jour. Am. Med. Assoc.*, November 3:—The article is a *resumé* of a recent contribution by Dr. Wm. Hunter to the *Lancet*.

Space is wanted for more than a summary of the results of the investigations, and some short comment upon them. In the first place, he concludes, pernicious anæmia is to be regarded as a special disease, both clinically and pathologically. It constitutes a distinct variety of idiopathic anæmia. 2. Its essential pathological feature is an excessive destruction of blood. 3. The most important pathological change to be found is the presence of a large excess of iron in the liver. 4. This condition of the liver serves at once to distinguish pernicious anæmia post-mortem from all varieties of symptomatic anæmia, as also from the anæmia resulting from the loss of blood. 5. The blood-destruction characteristic of this form of anæmia differs both in its nature and its seats from that found in malaria, in paroxysmal hæmoglobinuria, and other forms of hæmoglobinuria. 6. The view can no longer be held that the occurrence of hæmoglobinuria simply depends on the quantity of hæmoglobin set free. 7. On the contrary, the seat of the destruction and the form assumed by the hæmoglobin on being set free are important conditions regulating the presence or absence of hæmoglobinuria in any case in which an excessive disintegration of corpuscles has occurred. 8. In paroxysmal hæmoglobinuria the disintegration of corpuscles occurs in the general circulation, and is due to the rapid dissolution of the red corpuscles. 9. In pernicious anæmia the seat of disintegration is chiefly the portal circulation, more especially that portion of it contained within the spleen and liver, and the destruction is affected by the action of certain poisonous agents, probably of a cadaveric nature, absorbed from the intestinal tract.—*Epitome.*

## BRONCHO-PNEUMONIA IN CHILDREN.

Tordens says that the age of the patient is an important matter in prognosis. The younger the child, the less easily does it bear an attack of broncho-pneumonia, and children of less than three months almost always succumb. The malady is much more fatal when consecutive to an infectious disease. The various medicaments recommended are the antiphlogistics, revulsants, expectorants, emetics, excitants, and hydropathy. Henoch prescribes local blood-letting in vigorous subjects. In case of excessive dyspnœa, in strong children, an amelioration may be brought about by substracting a certain amount of blood. Cadet de Gassicourt denies to blood-letting the power of alleviating dyspnœa, and Tordens holds the same opinion. Dry cupping on the chest may aid in alleviating the pulmonary congestion without impairing the physical powers of the patients. Where there is a tendency to hepatization, indicated by souffle at the same point for several days, a blister applied after the fever has diminished gives excellent results. Large vesications should not be used. Emetics are indicated when there is abundant mucus secretion from the bronchi; but care should be taken in employing them, on account of their tendency to cause prostration. Ipecac is one of the best emetics to use in broncho-pneumonia of children. In large doses it causes vomiting and lowers temperature. It is also an excellent expectorant. But in cases of capillary bronchitis or broncho-pneumonia Tordens prefers apomorphine given in doses of 1 or 2 centig. a day. It sometimes causes vomiting, but this is not followed by dangerous prostration. Hydropathy has remarkable efficacy in broncho-pneumonia of children. It causes deep inspirations, produces a cutaneous derivation, and acts favorably by the vapor of water with which it fills the atmosphere. Tordens envelops the patient from the neck to the umbilicus in cold or tepid water compresses. Vapor of water should be constantly disengaged in the room.—*Revue Générale de Clinique et de Thérapeutique*, No. 43, 1888.

## CLIMATIC INFLUENCE ON THE MORALS.

By Dr. Felix L. Oswald.

*Pop. Science Monthly*:—Modern French scientists are nothing if not methodical, and have repeatedly called attention to the curious regularity in the geographical distribution of certain vices and virtues: Intemperance, for instance, north of the forty-eighth parallel; sexual aberrations, south of the forty-fifth; financial extravagance, in large seaport towns; thrift in pastoral highland regions. It is, indeed, a remarkable circumstance, that in the home of the best wine-grapes, in Greece and southern Spain, drunkenness is far less prevalent than in Scotland, or in Russian Poland, where Bacchus can tempt his votaries only with nauseous vodka. The idea that a low temperature begets an instinctive craving for alcoholic tonics seems disproved by the teetotalism of the Patagonian savages, who horsewhip every Spanish stimulant-monger without benefit of clergy. The

Lesghian mountaineers, too, observe the interdict of the Koran in the icy summit regions of the Caucasus; but there is no doubt that the bracing influence of a cold climate affords a certain degree of immunity from the debilitating effect of the alcohol vice, and that the Scandinavian peasant can for years survive the effects of a daily dose of alcohol that would kill an Egyptian fellah in a single month. But it is equally certain that the temperance of Southland nations is considerably facilitated by the abundance of non-alcoholic pastimes. The Spaniards have their fandangos and bull-fights, the Greeks their border raids, cocking-mains and horse-races; while the Scotchman, after six days of hard work, is confronted with the choice between the delirium of an alcohol fever and the appalling tedium of Sabbatarian asceticism, and naturally chooses the less dismal alternative.

The question, though, remains if religious gloom itself is not an outcome of climatic influences. Cardinal de Retz, indeed, held that orthodox loyalty is a flower that cannot flourish north of the Alps; but it is more than probable that the survival of that plant has been greatly assisted by the conniving *bonhomie* of South European ecclesiastics, who, centuries ago, began to appreciate the wisdom of extending the practice of renunciation to the claim of consistency. —*Epitome.*

## MODERN CARDIAC THERAPEUTICS.

Eichhorst (*Ctrlbl. fur die ges. Ther.*, March, 1888), in very practical paper, gives some valuable hints regarding the more modern remedies in affections of the heart. Digitalis, he says, still holds the first place among these. It is of great practical importance that the remedy be given in conjunction with or immediately after alcoholic stimulants and excitants. Especially is this the case when marked cyanosis exists. Digitalis in those cases has no effect until the vagus center is stimulated by the administration of alcohol. When a quick effect is desired, the drug in the form of powder should be employed. In certain forms of kidney disease the powder may prevent threatened attacks of anemia. The powdered digitalis-leaves are very much increased in potency by the addition of calomel, not only in the dropsies of heart affections, but also in that occurring in emphysema, marasmus and in liver disease. The author thinks that the cumulative effect of the remedy is exaggerated. He has given it for months without noticing any such effect.

Next to digitalis, according to the author, stands strophanthus. Comparing the two, he says that digitalis is quicker and more certain in its action, but that strophanthus has the advantage in showing no tendency to cumulation, and does not seem to lose its effect by long-continued use. Eichhorst has found strophanthus more efficacious in some cases than digitalis, especially in a case of exophthalmic goiter and in one of long-standing ascites. Sulphate of sparteine stands low in the list after the two foregoing drugs. It seems particularly applicable in cases of cardiac asthma. Next come preparations of caffeine, which have the advantage over the last named drug from their diuretic properties. *Adonis vernalis* and *Convallaria maiales* have but very slight effect on the heart, and are uncertain diuretics. In addition, they are likely to cause nausea and vomiting.

Regarding Oertel's method the author expresses himself as follows: In all forms of cardiac weakness it is advantageous to diminish the quantity of fluid ingested; the amount of fluid allowed should always be in proportion to the quantity of urine excreted. In reference to bodily exercise one should observe the greatest caution. Violent exercise may cause overdistension of the heart, and consequent sudden death. This is especially likely to happen in cases of fatty degeneration of the heart muscle. On the other hand, in cases of retarded action of the heart, from the accumulation of subpericardial fat, methodical exercise is advantageous in freeing the heart from its mechanical burden. —*N. Y. Medical Journal.*

## CONVALESCENCE IN TYPHOID FEVER.

By J. H. Hutchinson, M. D., Philadelphia.

*Med. Standard*, November, (Trans. Amer. Asso.):—The convalescence of typhoid fever is protracted and unstable in its dangers. Decline of temperature and pulse rate is its first evidence, but the favorable significance of this is overestimated. Very little will depress or elevate the temperature and pulse. The condition is one of great languor, marked pallor, cyanotic extremities and emaciation.

The differing opinions of authorities as to dietetic treatment show that the patient and not the disease is to be treated. Early return to solid food upon which the patient's friends so strenuously insist, should be opposed by the physician. The patient should be confined to milk for quite a period, then given broth, then a little milk toast. After perhaps two weeks, I gradually return to butcher's meat and other nutritious food. Constipation and prejudice are the only objections to milk diet. In too many cases premature giving of solid food by a patient's friends, or the experimental ingestion of an egg or farinaceous food has brought back the fever. Yet, in other cases where milk was persistently vomited, solid food has been retained. Whiskey is not invariably indicated, yet often might for the first time be needed. This should be determined by the same signs which indicate its use while fever is present,

Tonics, iron, pepsin, and hydrochloric acid are sometimes of use.

Complete rest is often needed in severe cases for the first week of convalescence. Return to active exertion and open air, though to be encouraged, must be very gradually, and proportioned to the strength. Change of rooms for fresher air and variety in surrounding, is desirable. These patients are peculiarly emotional. No exciting interviews or knowledge of unpleasant news should be allowed. Temperature is thus easily elevated, and a relapse brought on. Visiting days at the Pennsylvania Hospital are commonly succeeded by a recrudesence in the typhoid patients.

Ale, camphor, and opium sometimes help wakefulness. Urethan deserves trial. Diarrhœa has varied causes; where it results from ulcers, still unhealed, silver nitrate hastens healing; if, from undigested food, appropriate soothing remedies are indicated. Constipation and fæcal accumulations should be combated by enemata, and mild laxatives if necessary, such as fruits. Care is needed about exposure to cold. A predisposition to phthisis may be felt in a patient after recovery.

Relapses are caused by pain, excitement, overexertion and improper diet. Though they sometimes occur without known cause, they are mostly due to abuses of well-known rules.—*Epitome.*

## SUDDEN HEART FAILURE IN DIPHTHERIA: ITS PATHOLOGY AND TREATMENT.

By Dr. J. Lewis Smith, N. Y.

*Bost. Med. and Surg. Jour.*, November 15:—From a very complete article on the subject we abstract the following: The theory of deficient innervation, or a true cardiac paralysis, Dr. Smith thought the most tenable hypothesis. It appeared to be applicable to the largest number of cases, and afforded the most satisfactory explanation of those cases in which death occurred during apparent convalescence, when the symptoms were fast disappearing, with the exception of the palatal or other paralysis; as well as the most satisfactory explanation also of the occurrence of those obscure cases in which the post-mortem examination shows an apparently healthy state of the heart. The theory of an arrested or deficient innervation of the heart, furthermore, furnished an explanation of the occurrence of the concomitant symptoms, such as vomiting, epigastric pain, and dyspnœa, with an irregular respiration; since the heart derived its innervation from the same source as the lungs and stomach, viz., through the pneumogastric. In classifying the forms of diphtheritic paralysis he felt justified, therefore, in making a distinct class having the designation cardiac paralysis, or, to adopt the French expression, cardio-pulmonary paralysis.

As to the treatment of cardiac paralysis, the reader said that it was evident from the nature of the trouble that it must be combated promptly and with the most active remedies. The patient should be kept quiet in bed, with the head low, and alcoholic stimulants administered at once. In sudden seizures hypodermic injections of brandy acted most promptly in sustaining the heart's action, Ammonia, camphor, musk and electricity were also of service; as well as the predigested beef preparations, peptonized milk, and other concentrated foods designed for those with feeble digestion. If the urgent symptoms were relieved by these measurers, such remedies should be employed as were useful in other forms of diphtheritic paralysis. In addition to the beef extracts, concentrated foods, and alcoholic stimulus, iron and quinine, in moderate doses, were indicated. The use of electricity was suggested by the nature of the attack, though some physicians considered it of doubtful efficacy. If there were reasons to suspect the presence of lesions in the central nervous system, the galvanic current in short sittings had been recommended in preference to the faradic, while in ordinary cases either the direct or induced current might be employed. Strychnia, however, was regarded by good observers as the most efficacious nerve stimulant in the various forms of diphtheritic paralysis, and he referred to the testimony of Henoch, Reinhart and Gerasimon in its favor. Still, it was a fact that some physicians of experience state that they have not observed any marked benefit from this agent.—*Epitome.*

## PERISCOPE.

### TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN WITH APPLICATION OF ICE.

Dr. Angel Money, Assistant Physician to University College Hospital, London, in a communication to the *Lancet*, June 2, 1888, says that he has treated many cases of severe broncho-pneumonia in infants and children with applications of ice-bags, The cause of pneumonia does not, in his experience, influence the employment of the ice-bag. It may be used with much success even in cases of broncho-pneumonia secondary to tracheotomy, but still more favorably in cases occurring in influenza and measles. The smaller the child, the more marked, he says, are its affects. In very small infants, under one year of age, the ice-bag may be placed on the head, the hair having been previously thinned and shortened if necessary. The treatment, to be successful, must be carried out with a will and systematically. As a general rule, the temperature in the rectum affords the best guide to the application of cold, and those

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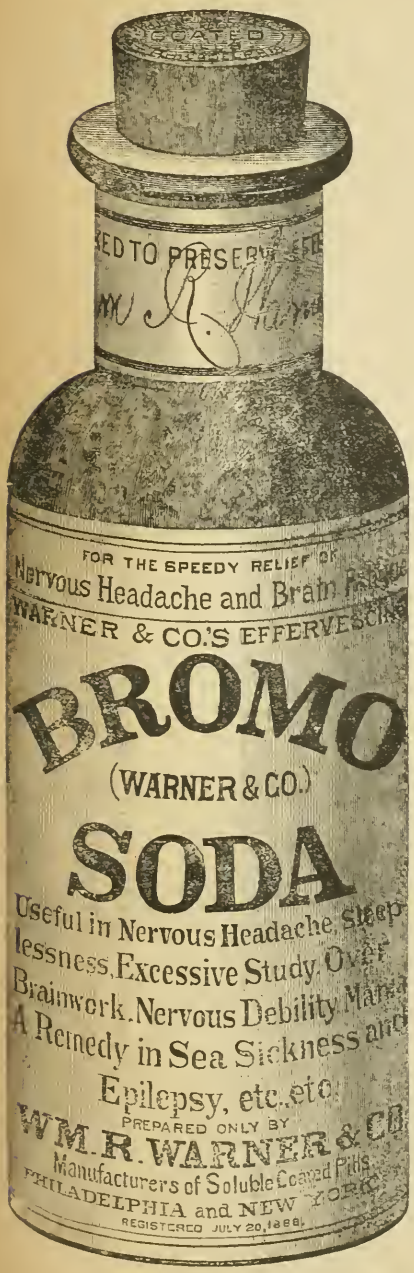


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Dose.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

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℞. **Calomel, 1-10 gr. Ipecac, 1-10 gr.**

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Dose.—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver, which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, sickness of the stomach does not usually follow.

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Med. Prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitnal constipation, add tone to the liver, and invigorate the digestive functions.

## PARVULES OF ARSENIT: POTASH, 1-100. (Warner & Co.)

This Parvule will be of great use to physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

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Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the treatment of Diarrhœa, whether the stools contain blood or not.

## PARVULES OF NUX VOMICA, 1-50. (Warner & Co.)

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

---

Please see that Pink Granules are not substituted, and thereby secure the full therapeutic effect.

A Treatise with extended list sent upon request.

# Index of Diseases Treated with Parvules.

THE dose of any Parvule will vary from one to four, according to age or the frequency of administration. For instance, one Parvule every hour, two every two hours, or three every three hours and so on, for adults. For children, one three times a day is the minimum dose.

*It is claimed by many practitioners that small doses, frequently repeated, exert a more salutary effect.*

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**Bilious Conditions.**
Parv. Calomel .....1-20 gr.

**Bronchitis of Children.**
Parv. Tartar Emetic.....1-100 gr.

**Constipation.**
Parv. Aloin .....1-10 gr.

**Diarrhœa.**
Parvules Corros. Sublimate .....1-100 gr.

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Parv. Iodide Arsenic.....1-100 gr.

**Habitual Constipation.**
Parv. Podophyllin.....1-40 gr.

**Hydatic Uterine Growth.**
Parv. Ergotine.....1-10 gr.

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Parv. Canthari .....1-50 gr.

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Parv. Aconite.....1-20 gr.

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Parv. Calomel.....1-20 gr

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Parv. Cor. Subl .....1-100 gr

**Torpidity of Liver.**
Parv. Podophyllin.....1-40 gr

**Uterine Hemorrhages.**
Parv. Ergotine.....1-10 gr

**Vesicular Emphysema.**
Parv. Digitalis .....1-20 gr

CHICAGO, ILL., Oct. 18th, 1886.

BROMO SODA:—My attention has been called to your recent preparation entitled "Bromo Soda." It was, I believe first prepared by you partly at my suggestion. It consists of the Bromide of Sodium, and the Hydrobromate of Caffeine, in the proportion of thirty to one. It is designated, as I understand, not only to allay nervousness, but by means of the combination of the Caffeine with the Bromide, to counteract the depressing effect of the latter. I have carefully considered the separate and combined effects of these drugs, and can, as I do, heartily commend the preparation you have made and offer for the use of the medical profession. After a long and careful experience with various Bromides, in the treatment of those affections of the nervous system that embrace unhealthy exalted reflex excitability, and in general nervousness, I have arrived firmly at the conclusion, that the Bromide of Sodium is as valuable as any member of its class *as a Bromide*, and is greatly preferred as compared with the Bromide of Potassium, on account of the greater toxic or poisonous effect of Potassium salts upon the human organism, as compared with those in which sodium is the base. In the vast majority of cases in which the Bromides are used the vigor of nutrition is already lowered. It is, therefore, a matter of very considerable consequence to select that particular member of this important group of therapeutic agents that, while it secures the depressing or quieting effect desired, nevertheless exercises in the way of pernicious influence the least on the vigor of nutrition, or, in the other words, the reparative power of the body. I am thoroughly clear in my mind that the Bromide of Sodium should be substituted for the more commonly, and, as I may say almost universally, employed Bromide of Potassium. I feel so strongly in this matter, that I am more than willing to make this the occasion for stating clearly and at length, my views, with the hope that, for the benefit of the vast mass of nervous invalids, for whom these agents are prescribed, they may have the slight but decisive advantage that will result from the proposed change. If you shall be able to exert a favorable influence in effecting this through the manifold channels at your disposal—the change I feel certain ought to be made—you will confer a boon of no small degree upon nervous invalids.

Most respectfully yours,

TO MESSRS. WM. R. WARNER & CO. J. S. JEWELL, M.D.

**W. R. WARNER & CO.**

Manufacturers of Bromo-Soda, Bromo-Potash, Triple Bromides, Chalybeate Saline, and a full line Effervescent Salts.

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acquainted with broncho-pneumonia well know the highly marked remittent or almost intermittent character of these affections. Ice-bags have the objection that they often give rise to a little wetting of the child; but this has not, in his experience, proved injurious to the patient. Leiter's tubes have been tried, and have some advantages, being especially valuable when an intelligent nurse is in attendance. In severe cases, in which a rapid effect is required, two ice-bags have been placed on the head and one over the chief seat of consolidation in the lungs. With a little management, he says, it is not difficult to keep these in place; certainly not when the neuro-muscular prostration is marked, as it almost always is in severe cases. The chief merits of this treatment, he says, consist in the maintenance of the strength, not only of the heart, but also of the respiratory centres and of the nervous and muscular systems. Although otitis media occasionally occurred, yet this has not been more frequent than in cases treated without cold. Albuminuria, he says, is not rendered worse by the cold, nor have any cases of hæmaturia been observed, although Dr. Money has been at some trouble specially to collect and test the urine. The duration of the disease he declares to be, on the whole, shortened. Convalescence is almost invariably rendered more rapid, doubtless because of the conversation of the child's energy.

Not only, he says, does the cold directly quiet the heart and steady the circulation, but the calming of the nervous system also acts indirectly in the same direction. The respiratory centres are similarly beneficially affected. The heat-regulating apparatus manifests more clearly the same beneficient action, and the temperature-chart shows a similar harmonious effect. It is curious to observe the almost immediate cooling of the whole surface of the body soon after the application of ice to any part, this cooling effect being perhaps best marked when the ice is applied to the head; the hands, previously red and hot, become cool and slightly blue. The change is decidedly favorable, notwithstanding the supervention of the signs of feeble circulation in the exposed parts of the skin. Vomiting diarrhœa, alone or in combination, may require treatment in the cases under consideration; the cold method, he says, does not increase diarrhœa, but certainly tends to stave off vomiting. Stimulants are to be used when indicated, but they are less apt to be necessary under this treatment. There is, he says, a saving of expense all around; the cost of the illness is lessened and there is less expenditure of reserve strength.

## NARCOLEPSY—BRIEF REPORT OF A CASE IN PRACTICE.

By H. D. Dowsley, M.D., Kingston.

*Canada Lancet*, November:—A blacksmith by trade, aged about twenty-eight years, a powerful, well-built man, apparently in good health, was subject to short attacks of deep sleep, lasting a few minutes, from which he would awake refreshed as from a natural sleep. The attacks of sleep would occur at any time, regardless of the hour of the day, or degree of temperature. On one occasion when driving to town in the morning, about 9 o'clock, of a winter day, sitting upright in a sleigh with a companion by his side, and driving through pitches, he fell into a sound sleep, still retaining his position, upright in the seat. He slept for a few minutes, and woke apparently quite refreshed.

There were no symptoms of premonition; no symptoms of a convulsive nature, either preceded or followed the attacks, which occurred at intervals of a few weeks, and sometimes more frequently. The family history, as far as known, was good. This affection, which appears to be a neurosis, has received the name of narcolepsy, and Legrand appears to look upon it as a true neurosis. The patient was treated with arsenic and iron. He thought he had made some improvement, from the fact that the sleeping attacks did not occur so frequently, otherwise there was no change, the attacks being the same when they did occur. Speaking from memory, the attacks in this case have occurred during the past fifteen or sixteen years, with the frequency stated. If, as Legrand supposes, this is a true neurosis, the improvement, if any, was probably due to the arsenic.—*Epitome.*

## SURGERY OF THE BRAIN—BASED ON THE PRINCIPLES OF CEREBRAL LOCALIZATION.

By Roswell Park, A.M., M.D., Professor of Surgery, Medical Department, University of Buffalo.

In brief, of White's one hundred tumors only nine could have been removed—namely, one tuberculous nodule, four sarcomas, two undetermined tumors, one cyst, and one myxoma. In other words, 9 per cent. could have been attacked *provided* a fairly accurate diagnosis had been made. *Ante-mortem* diagnosis, however, and anatomical diagnosis are two very different feats. Of the above-mentioned nine, five were located in the cerebellum, one in the frontal lobe, and one in the extremity of the occipital. It is very doubtful if these seven could have been recognized accurately enough during life to have justified attack, while the myxoma was impossible of diagnosis. We are then narrowed down to one tumor out of the hundred which was susceptible of both exact localization and extirpation, even when looked at in the light of the acquirements of to-day. This is not a very favorable showing, to be sure, and is to be accepted only for what it is worth. If it has any very striking bearing I should regard it as

only another argument in favor of tentative exploration.

*The Operation for Intracranial Tumor.*

With regard to the technique of operations on the cranial contents, Mr. Horsley has left but little to be added to the admirable remarks which he has published in the "British Medical Journal," October 9, 1886, page 670, and in the same journal for April 23, 1887, page 863.* To these papers of his the reader and the student of the subject should certainly be referred, and the writer will make no effort to copy his observations in detail. Nevertheless, owing to the extreme importance of the subject and the general interest in it, a brief rehearsal of the most important points in operative technique will not be out of place here.

*Preparation of the Patient.*—The patient's head should be shaved two or three days before the operation and carefully washed with green soap and ether, or a mixture of ether and turpentine. From that time the vault of the skull should be kept enveloped in a moist antiseptic compress. In this connection it is worth while to add just here that Dr. Keen has called attention to the utility of shaving the scalp in every case of suspected intracranial lesion, since in two cases he found scars after shaving which were previously unnoticeable.

Aside from this, the usual preparatory treatment suitable for all severe operations should be adopted. The anæsthetic should be chloroform, unless some peculiar feature about the case makes it unwise. Chloroform is known to have a contracting influence on the vessels of the brain; hence its efficiency in these cases. Mr. Horsley has suggested and advised hypodermic administration of morphine previous to operation, with a view of also profiting by its effect in contracting the cerebral vessels. Dr. Keen has resorted to ergot for the same purpose. To the writer it would seem that a combination of the two might be preferable to either alone. In case the patient was already so unconscious that no anæsthetic was needed, the hypodermic use of ergot would amply meet the indication. The lesion should be located as accurately as possible by the methods spoken of in another part of this paper. The writer would suggest the driving of a small, disinfected, headless tack through the scalp into the skull over the center of the area previously located. After dissection of the external flap this tack will serve to point out accurately the portion to be first attacked.

Another point in operative technique. In order to prevent hæmorrhage from the scalp during the superficial explorations, an elastic bandage may be tightly tied around the skull for as long a time as may be required. The question might also be raised whether in some very extensive operations of this kind it would not be justifiable to put into practice that which Senn has shown can be successfully done upon dogs—namely, the isolation of the trachea and the application of a rubber bandage back of it around the whole of the neck. By this procedure he found that the most extensive operations could be done upon the brain or skull as bloodlessly as they are now done upon the extremities.

The styptic properties of cocaine solutions have led Keen and others to resort to them as hæmostatics in brain surgery. Experience must yet show their real value, but they are well worthy of a trial. We are not yet in position to say whether their secondary relaxing effects upon the vessels will lead to any unpleasant disturbance or hæmorrhage. For my own part I have also repeatedly seen benefit from the application of antipyrine solutions on account of its styptic properties. Antipyrine is not only a good hæmostatic, but has some antiseptic properties. It is possible, therefore, that a spray of a one-to-forty antipyrine solution, directed upon the exposed brain tissue, would prove of considerable benefit. In order to test this matter I have anæsthetized animals, and, after extensively uncovering the brain, have cut into it in various directions, and, after causing a free hæmorrhage, have directed upon the part a spray of three per cent. antipyrine watery solution. Invariably I have seen almost instantaneous evidence of its styptic virtues, and should not hesitate to use it at any time in operating on the human brain.

The old method of begining the operation was to make crossed incisions. The raising of a semilunar flap, or one of horse-shoe shape, is much superior. This flap should have its apex in such a position that, as the patient lies upon his back, drainage may be made by mere force of gravity. There is an advantage also in raising the periosteum with the flap of the skull. While the Lister carbolic spray is not now often used, still most authorities agree that in theory and in practice it is safer to do these operations under the spray, although there may be no objection to using any other antiseptic, such as hydronaphthol, instead of the carbolic acid. In fact, it seems to me far preferable.

With regard to the methods of perforating the bone, the English and Continental surgeons differ. The former prefer usually the trephine and cutting bone forceps; the latter, the hammer and chisel. American surgeons for the most part agree in practice with the former, and the writer, for his own part, can not avoid the conclusion that the first exploration, at least, can be made more readily with the trephine than in any other way. Those whose facilities permit the use of the surgical engine will find it to be an admirable adjunct to cranial surgery.

*Vide also papers by Macewan, "Med. News," Aug. 18, 1888, p. 169, "Brit. Med. Jour.," Aug. 11, 1888; and by Weir, "Am. Jour. of the Med. Sci.," September, 1888, p. 219.

## CLASS-ROOM NOTES.

(From the College and Clinical Record.)

Ordinarily, one woman in eight is *sterile*; but in women who have fibroids, one in three is sterile. (Parvin.)

In *facial erysipelas*, where you cannot conveniently apply ordinary means, paint the part with a 10% iodoform collodion. (Prof. Gross.)

For a case of *trifacial neuralgia*, Prof. Da Costa ordered five drops of tinct. of gelseminum t. d., increased until double vision results; also a full diet.

In *posterior displacements of the uterus* always replace the organ before introducing a pessary; the frequent failure of its use is generally due to this cause. (Parvin.)

When there is a collection of foreign matter, as pus, in the *antrum of Highmore*, extract the first molar tooth (or more, if necessary), and drain the cavity in this way. (Sajous.)

For *universal eczema* in a child, Dr. Rex ordered bran baths and—

R. Acid. salicylic., gr. xv
Vaseline, f℥j. M.

Sig.—Use locally three times a day.

For *alopecia* Prof. Bartholow recommends—

R. Extract. pilocarpi fluid. f℥j
Tinct. cantharidis, f℥ss
Liniment. saponis, f℥iiss. M.

Sig.—Rub in the scalp daily.

The following are the *means of arresting hemorrhage*, arranged in their order of usefulness: ligature, torsion; acupressure; compression, forced flexion of a limb; styptics; and the actual cautery. (Prof. Gross.)

For *specific vaginitis*, Prof. Parvin ordered mucilaginous injections and warm hip baths in the acute stage, followed by injections of 1 to 1000 corrosive solution and tampons of boracic acid and glycerine.

For *fractures of the forearm* in the middle third or low down, Prof. Forbes uses two straight splints extending beyond the finger ends, thus keeping the fragments from being displaced by movements of the fingers, which is liable to occur if a short splint, like Bond's, is used.

Prof. Da Costa prefers the use of the bismuth *test for sugar* in the urine. Take equal parts of urine and liquor potassæ, add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present, the powder turns brown or black.

For *ptyalism*, Prof. Gross advises thirty grains of potassii chloras every four hours, and—

R. Liquor. plumbi subacet., f℥j
Aquæ destillat., f℥viij. M.

Sig.—Use as a mouth wash.

For *diabetes mellitus* in a man æt. 44 years, in addition to the usual regulation of diet, Prof. Da Costa directed saccharine as a substitute for sugar to sweeten coffee, etc. Also half a grain of codeia morning and evening.

As a substitute for iodoform, iodol or subiodide of bismuth, which are worthless as *germicides*, Prof. Gross directs the use of hydronaphthol to wounds which require it, as lacerated wounds, where there is danger of sloughing.

Prof. Da Costa recommends for the *sore throat of scarlet fever*—

R. Thymol, gr. iv
Glycerini,
Aquæ destillatæ., āā f℥j M.

Sig.—Use as a wash (dilute further, if necessary).

As an external application to *enlarged lymphatic glands* in the neck of children the following is efficient:—

R. Potassii iodidi, ℥j
Vaseline, ℥j M.

Sig.—Rub in thoroughly 3 or 4 times a day.

(Dr. O. P. Rex.)

For the *constipation of children* where the stools are clay colored and hard, for a child one year old, Dr. Rex recommends:—

R. Podophyllin., gr. $\frac{1}{20}$
Spirit. vini rectificat., ♏xx
Syrup., f℥j M.

Sig. f℥j ter die.

The following formula is used for introduction of medication into the uterus or vagina for the prevention of or during *puerperal sepsis*, at the Philadelphia Lying-in Charity Hospital:—

R. Iodoformi. gr. lxxv
Pulv. acaciæ.
Pulv. amyli.
Glycerini, āā gr. xv
Gelatin., gr. iiss M.
Ft. bolus j.

(Dr. Charles Meigs Wilson.)

The proper thing to do for a case of *sunstroke* or *heat exhaustion* is to remove or loosen clothing about the neck; do not move unless hospital is near; throw buckets of water upon patient, or, what is better, rub down with ice. Get the bowels open; turpentine injections or croton oil if not too much exhausted, or inject cold water, or one-half drachm of glycerine, into rectum. For the stroke, draw blood if pulse is full and strong. Antipyrin is of great value, not only the immediate but subsequent result good. When he commences to recover, allow a bland diet. As one attack predisposes to another, patient should be careful in hot weather; go to mountains, if possible; keep the bowels open. To control convulsions, use morphine hypodermatically, or inhalation of small amount of chloroform.

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MONTREAL, FEBRUARY, 1889.

## FURUNCLES OF THE AUDITORY MEATUS.

In our excellent contemporary, the New Orleans *Med. and Surg. Journal*, Jan. '89, there appears an editorial on the treatment of a very troublesome affection, furuncles of the auditory meatus. The article is based on Dr. Loewenberg's paper, read at the last International Congress, and, after pointing out the microbian origin of furuncles in general, it recommends the following treatment as being almost infallible: A pint of 1 in a 1000 sublimate solution, as hot as the patient can bear, is poured into a fountain syringe suspended a couple of feet above the patient's head, the nozzle is inserted well into the ear, and the whole pint is allowed to stream through the ear; this is repeated several times a day, or at least twice. In case there is perforation of the drum, the sublimate solution must be replaced by a hot boracic solution. With almost any other treatment these boils are apt to recur in crops, but with this treatment, we are are assured that if the irrigations be continued for ten days after all symptoms have disappeared, there will be no recurrence. In our own practice we have had the most gratifying experience with the dry treatment of otorrhœa, which consists in cleaning out the ear in the manner above described, and then packing it gently full with powdered boracic acid. The unpleasant odor disappears at once and for good, and the discharge is generally completely dried up after two or three applications.

## CONSULTATIONS.

The New York *Medical Journal*, (22nd Dec., '88) contains an editorial on the management of consultations, in which the following advice is given to the young practitioner:

The family physician may properly ask for a consultation whenever there is a doubt as to the diagnosis: whenever a considerable operation is to be performed: whenever the services of a specialist are needed, or whenever the responsibility of the case is too heavy for one person to bear alone. In each of the above cases it is presumed that a consultation would be gladly sought for by any sensible practitioner, but there are cases again where the family doctor feels quite able to diagnose and manage the case himself, and where, in fact, there is nothing difficult or obscure about it, but in which, however, he would do well to ask for one. In these cases the attending physician can feel a consultation in the air, and if he is quick enough to perceive it, he can diminish the mortification by asking for it himself. When the demand for a consultation cannot be forseen, and when it does come, it should be gracefully acceded to: but the writer suggests that it may be robbed of its sting by some such remark as the following: "I have no objection to a consultation, if you wish it, but I must tell you beforehand that the disease will be cured in such and such a time."

We do not think it wise to oppose the family's choice of a consultant, although the writer of the article does not agree with us: he is of the opinion that it is better to retire from the case altogether, if the family has not sufficient confidence in their physician to allow him to choose a consultant. Our advice to the young practi-

tioner is to hold on to his case as long as he can, for if he retires from it the consultant will either keep the family's practice himself, or else he will hand it over to one of his protegees. When the attending physician finds that he must go, he had better part in an amiable and friendly manner, and, in nine cases out of ten, he will be reinstated before very long.

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## THE TREATMENT OF SKIN DISEASES.

On consulting any standard work on skin diseases, in search of advice, which will help us to cure our patient suffering perhaps from some long standing disease of this kind, we will find no end of prescriptions recommended under the particular heading to which we turn. We may try the first of these, and each of the following prescriptions in rotation, and yet we fail to cure the case. And why? Because we have failed to remove the cause, which all the time is silently but surely working as hard in the direction of disease as we are working in the direction of cure. We think that the study of diseases of the skin is rendered a great deal more obscure and puzzling than there is any need for, by the almost endless nomenclature with which the slightest variations of one and the same disease are burthened. We venture to offer the following remarks on the treatment of diseases of the skin, in the hope that we may clear certain principles to guide the practitioner in the management of cases which have too often baffled all his skill. The simplest and most practical classification, it seems to us, is that based on their origin. All or nearly all, skin diseases are due to:

1st. Parasites, animal or vegetable.

2nd. Specific or constitutional disease, either inherited or acquired.

3rd. To disorders of the digestive functions.

In the first class alone have local applications any real curative power. In tinea tonsurans, tinea circinata and tinea versicolor, &c., the disease being due to a micro-organism, situate generally in the hair follicles, it suffices to introduce a germicide to the bottom of the latter to put an end to the disease. The most convenient remedy for this purpose is the dilute nitrate of mercury ointment, about one in eight, thoroughly rubbed in, which is used with so much success by Dr. Stephen Mackenzie, at the Skin Department of the London Hospital. If the parasite be an animal, as scabies, sulphur ointment works like a charm, if properly applied, as at the Hopital St. Louis, at Paris, where some hundred cases of scabies are not only treated but cured every morning: the patient being given a hot bath, with soft soap, and then thoroughly rubbed with sulphur ointment, during which time his clothing is being roasted in a specially constructed oven, whence it is returned to him thoroughly disinfected by the time he has gone through his treatment.

When the disease is due to syphilis, it is only wasting time to treat the case as a local affection of the skin; you may spend years trying lotions and ointments, and not do, what can be surely done by means of mercury, in as many weeks. By far the largest number of skin diseases in our experience are due to disorders of digestion and assimilation. For instance, if food is not digested it will decompose; and the products of decomposition will as surely be absorbed. Acting as foreign matters in the blood, they are gotten rid of by the excreting organs, one of the principal of which is the skin. The products of the sweat and sebaceous glands are thus rendered acrid and irritating, with the result of blocking up their channels and causing retention of their secretions and excretions. In some cases the sweat and sebaceous matter directly irritate the sensitive papillæ of the skin, causing itching; in other cases, where there is not sufficient of the products of putrefaction to cause disease of the

glands of the skin, there may yet be enough of them in the blood to irritate the sensitive nerve terminals in the papillæ of the skin, causing an itching in the flesh, as the patients say. As examples of the former, may be given eczema and acne, and of the latter, urticaria and lichen. Thus it happens that eczema, which is one of the commonest diseases of children, and is nearly always due to gross errors in feeding, or over-feeding, may generally be promptly cured by putting the child on a proper and rigorous diet. In a future article we shall have something to say on the feeding of children, but in the meantime we cannot too strongly insist on more attention being paid to this matter by any one who undertakes to treat diseases of the skin. If the case has gone on long enough to produce an inflammatory deposit in the true skin, arsenic may be required as an alterative to promote absorption, but otherwise some simple antacids and stomachic such as Gregory's Mixture, or rhubarb and soda mixture, will render the secretions alkaline again, when the disease will disappear in most cases of its own accord. Even in skin diseases, due to vegetable parasites, attention to the digestive functions is an important element in the treatment, for where the carrion is, there will the vulture be; and if the system is saturated with the products of decomposition, it is in the very best condition for falling a prey to microspores. We trust that some of our busy readers will put the classification of skin diseases, laid down at the beginning of this article, to a practical test, for we feel certain that they will find it a good one to work on.

## THE MODERN TREATMENT OF PERITONITIS.

In view of the fact that the majority of the text books in the hands of the practitioner advocate the treatment of this fell disease by administering narcotics in some form or other, and as this treatment is no longer the one which would give our patient the best chances of recovery, we think we would do well to draw attention in our columns to the modern treatment by saline cathartics. Dr. W. H. Myers, in an exceedingly interesting article in the Journal of the American Medical Association, 24th November, 1888, sets forth very clearly the opinion of those whose opinion is most worth having, and which he obtained either from their latest writings and in some cases by direct replies to letters which he addressed to them. None of his authorities believe that there is such a thing as idiopathic peritonitis. Habershon, for instance, could not find a single case of idiopathic out of 501 instances of peritonitis occurring at Guy's Hospital. He relates a case of Sir Spencer Wells, which was treated in 1859, by morphine—three grains in 22 hours. Sir Spencer asked, "Did the morphine kill her?" We should be inclined to answer "yes." In 1868, Graily Hewitt said that the mortality of 48 per cent. after ovariotomy was mostly due to the peritonitis. Baker Brown said that it was the peritonitis that beat them. Tait now says that we beat the peritonitis: on the slightest indication of its appearance, after ovariotomy, we give a rapidly acting purgative, the bowels are moved and the peritonitis disappears. He says that this treatment was introduced by him in 1875 and is now almost universally adopted. How different, he says, from the views we had drilled into us years ago, that opium was the sheet anchor of the practitioner in all abdominal troubles, when I say that all opiates are forbidden in my practice.

Dr. Joseph Price, whose success in abdominal surgery is so well known, says that he has not the power of too strongly urging the use of salines upon the slightest indication of local or general peritonitis. I have never known them, he says, to disturb the vital power in any way other than to benefit.

It seems to us that the whole danger in

peritonitis is the paralysis of the intestines, whereby they may be bound down by adhesions, and gas may accumulate in them to such a degree as to actually prevent the diastole of the heart, and diaphragmatic respiration. The great advantage of the saline purge is that by osmosis, a large amount of culture fluid is drawn off from the peritoneal cavity, and septic germs are, therefore, left to starve instead of thriving, and the bowels never being left quiet for a sufficient time to allow the effused lymph to coagulate and bind them down. Since the saline treatment has been generally adopted, obstruction of the bowels from adhesions after ovariotomy is almost unknown. On his return from England, a year ago, Dr. Gardner stated at the Medical Society of Montreal, that in Mr. Tait's private hospital the nurses were held responsible if they allowed any symptoms of peritonitis to become manifest, their appearance being considered tantamount to a neglect of their duty to keep the bowels always on the move.

## NOTICES OF BOOKS.

The Modern Treatment of Diseases of the Kidneys. By Prof Dujardin-Beaumetz. Translated from the fifth French edition. By E. P. Hurd, M.D. 1888. George S. Davis, Detroit, Mich. Pp. 169. Price, 25 cents.

This is a very valuable little book, and deserves a high place among the numbers of the Physicians' Leisure Library. The anatomy of the kidney is given from a therapeutic standpoint, the subject of urinary secretion is impartially discussed, and enough urinary analysis is given to make the subject clear. The translator has done his work well, and has presented to the medical public an exceedingly valuable work on this subject.

The Modern Treatment of Eczema. By Henry G. Piffard, A.M., M.D., Clinical Professor of Dermatology, University of the City of New York: Surgeon to St. Elizabeth's Hospital; Consulting Surgeon to Charity Hospital, &c., &c. George S. Davis, Detroit, Mich.

In the pages of this little book the author has briefly pointed out the chief clinical varieties of eczema, and has sought to exhibit their etiology, so far as he understands it. He has also indicated the principal remedies found useful in the treatment of this disease, and has detailed at some length the best manner of applying them. As eczema forms such a very large proportion of all known skin diseases, the perusal of this little work cannot but prove of great practical benefit, and we recommend it to our readers.

Announcement.—E. B. Treat, Publisher, 771 Broadway, New York, will publish, early in 1889, the Seventh Annual Issue of the English "Medical Annual," a resumé in dictionary form of New Remedies and New Treatment that have come to the knowledge of the medical profession throughout the world during 1888. The editorial staff of the forthcoming volume, will include articles or departments edited by Sir Morrell Mackenzie, M.D., (Laryngology), London, Jonathan Hutchinson, Jr., M.D., (Genito-Urinary Diseases), London, J. W. Taglor, M. D., (Gynæcology), Burmingham, William Lang, M.D., (Ophthalmologist(, of London, James R. Leaming, M.D., (Heart and Lung), New York, Charles L. Dana, M.D., (Neurologist), New York, H. D. Chapin, M.D., (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages at $2.75, under copyright protection, and issued simultaneously in London and New York.

An Introduction to Practical Bacteriology. A Guide for Students and General Practitioners. By Thomas E. Satterthwaite, M.D., Professor of Pathology and General Medicine in the New York Post Graduate Medical School and Hospital, New York City. 1887. George S. Davis, Detroit, Mich.

It has evidently been the aim of the writer, in issuing this little monograph, to furnish both students and medical practitioners with a concise resumé of bacteriology, practical in character, and so extend more widely an interest in this most important topic. We must, at the outset, congratulate the author on having, in our opinion, been most successful in his undertaking. One chapter has been devoted to the subject of Germ Theories, and to the successive advances that have been made towards securing our present knowledge. Bacteriology, as a branch of medicine, has already obtained for itself a name and permanent place, in spite of the many obstacles and the vigorous opposition it has encountered; and this, too, in face of the fact that many of its fundamental principles are

shrouded in obscurity. But there is good reason to believe that the researches of the next few years will yield rich results, for steady progress is now being made towards the perfection of those instruments of precision that are necessary for future work. The whole little work is most practical, and will well repay perusal, and the book is more than well supplied with most instructive wood cuts.

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The Physiological, Pathological and Therapeutical Effects of Compressed Air. By Andrew H. Smith, M.D., late surgeon to the New York Bridge Company, (Caisson Work), Physician to the Presbyterian Hospital, New York, &c., &c. George S. Davis, Detroit, Mich.

The writer of this work informs us that in 1873 he published a report on "The Effects of High Atmospheric Pressure, including the Caisson Disease," which embodied his experience as surgeon to the East River Bridge Company, during the sinking of the Caisson on the New York side, together with a resumé of the literature on the subject up to that time. As this subject is of some importance in the treatment of several lung affections, eg., Pulmonary Emphysema and Bronchial Asthma, those who desire to obtain the latest opinions on this subject cannot do better than consult this little volume. It forms one of the volumes of the Physicians' Leisure Library Series, and is well printed on fine paper, and in paper cover costs twenty-five cents.

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Granular Lids and Contagious Diseases of the Eye. By W. F. Nuttendorf, M.D., Ophthalmic Surgeon to the New York Eye and Ear Infirmary; Bellevue Hospital, Out-Door Department; Nursery and Child's Hospital, and the New York Infant Asylum, &c., &c. George S. Davis, Detroit, Mich.

The importance of an early diagnosis of contagious diseases of the eye is so evident, that it cannot be over-estimated. The fact is, that thousands of children in our public institutions have been suffering from conjunctival affections when their existence was not known to the officers in charge, and in many instances not even to the attending physician. This being the case, it is only by placing small practical treatises, of the nature of this little book, before the public, that will remedy the existing evil. It is especially in the chronic forms of conjunctival troubles, the outset of which is often very insidious, that the disease is overlooked or not recognized until its ravages have crippled the patient for the remainder of his life. Chapters I. and II. are devoted to methods of examination and means of diagnosis and the anatomy of the conjunctiva. The symptoms and pathology of conjunctivitis, as well as its causes and treatment, are fully taken up in the subsequent chapters.

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The Determination of the Necessity for Wearing Glasses. By D. B. St. John Roosa, M.D., L.L.D., Professor of Diseases of the Eye and Ear in the New York Post Graduate Medical School and Hospital; Surgeon to the Manhattan Eye and Ear Hospital. 1887. George S. Davis, Detroit, Mich.

The author informs us that the object he had in view in writing this little book, was that it should serve as a guide to the general practitioner in determining whether a given patient does or does not require glasses, either to aid the vision or to relieve a symptom that may not be directly referred to the eye. He does not consider the work by any means a complete manual of errors of refraction or failures in accommodation, but believes that a careful study of these pages will enable the practitioners to decide, in a large proportion of cases, when the question crops up, whether or not glasses will probably be of service. This little volume should prove of great value to the busy medical man, whose time will not permit the perusal of larger works on this subject; for every doctor knows what a troublesome affection headache is, and how obstinate it frequently is in yielding to therapeutic measures; occassionally every remedy fails, and the sufferer consults some ophthalmologist, who discovers, perchance, slight myopia, or hypermetropia, applies suitable glasses, and the headache soon ceases. This is especially the case in young girls at school, who are placed in a bad light to study a book probably poorly printed in very minute type; the consequence is a constant strain on the child's eyes, and in time some serious organic change may be the result. Chapter I. deals with the invention and history of the Ophthalmoscope. Chapters II., III. and IV. take up the subject of Presbyopia, Myopia and Hypermetropia respectively. We can most heartily recommend our readers to secure a copy of this interesting little work.

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## PERSONAL.

Assistant-Surgeon Angus Mackay of the 22nd Battalion, (Oxford Rifles) Woodstock, has retired with his rank.

Dr. Matthew Joseph Hanavan, of Strathroy, Ont., formerly Assistant-Surgeon and Surgeon of the 28th Battalion of Volunteer Infantry, has been gazetted a Surgeon in the Infantry School Corps, (Permanent Militia) and has been assigned duty with "D" Company (Royal School of Infantry) at London, Ont.

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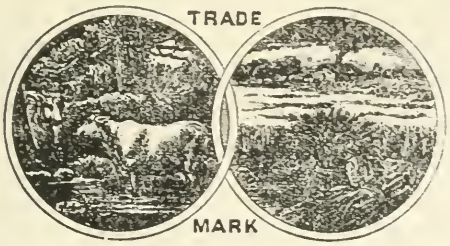


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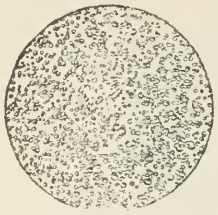

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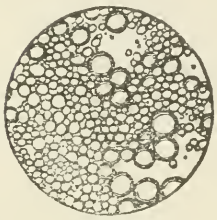

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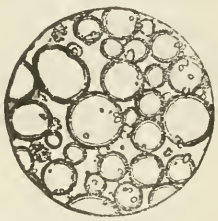

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